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PATENT APPI	LICATION	Title					
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Applicant claims	small entity status.	O	(if applied	bile, all necessary) Computer Readable	e Form (CRF)	Į.	
See CFR 1.27.	[Total Page	es / 22 /]	a. \square	Computer Readau	ence Listing on:	l l	
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4. ■ Drawing(s) (35	5 USC 113) [Total Sh	eets <u>[</u>	12. I	nformation Disclosu tatement (IDS)/PTC		1	
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5. Oath or Declar	1 (original or cop)	v)	13 🖂 1	Preliminary Amendn	nent	1	
a. ☐ Newly e	om a prior application (3)	CFR 1.63(d))	15. 🗀	-	d (MDEP 503)		
(for co	MIMMANDIA	(2)	14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
- DEL	ETION OF INVENTOR	wantor(s) named	1	(Should be specific	, , , , ,		
Signed in the	d statement attached deleting it prior application, see 37 CFR	1.63(d)(2) and	15 🗆	Certified Copy of P	riority Document(s)	,	
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). Application Data Sheet. See 37 CFR 1.76			15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)				
19 Fig	Data Sheet. See 37 CFR	1.76	16.	out an aback for 3	990.00	or in an	
6. Application i	Data Sheet. See 37 CFR APPLICATION, check approper 37 CFR 1.76:		h tha requi	site information below an	d in a preliminary amendn	nent, or in an	
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Prior application informat	ion: Examiner: DIVISIONAL APPS only: The ecclosure of the accompanying contient inadvertently omitted from the	ntire disclosure of th	e prior application	ation, from which an outli and is hereby incorporated	by reference. The incorpora	mon can only se	
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		X. CURREAL					
NAME	Michael F. Scalise						
NAME	Hodgson Russ LLP					,	
	Hougavit There Suite	2000			TIP CODE	14203-2391	
ADDRESS	One M&T Plaza, Suite	STATE	1	New York	ZIP CODE	(716) 849-0349	
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Barbara Haggerty Name

Barbara Derggerty

PTO/SB/17 (08/00) Approved for use through 10/31/2002, OMB 065: 2032

Application Number	
Filing Date	May 2, 2001
First Named Inventor	Frysz et al.
Examiner Name	

FEE TRANSMICAL for FY 2000				Filing			May 2, 2001	
					Named Inve	ntor	Frysz et al.	
Patent Fees are subject to annual revision.					iner Name			
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TOTAL AMOUNT OF PAYMENT (\$)998.00				Attori	Attorney Docket Number		04645.0862	
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:			3. ADDITIONAL FEES					
Deposit Account Number: 08-2442 Deposit Account Name: Hodgson Russ LLP			Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description		
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17			130	205	65	Surcharge - late filing fee or oath		
Applicant claims small entity status. See 37 CFR 1.27.			50	227	25	Surcharge - late provisional filing fee or cover sheet		
2. ■ Payment Enclosed: ■ Check □ Credit Card □ Money Order □ Other			130	139	130	Non-English specification		
FEE CALCULATION		147	2,520	147	2,520	For filing a request fo	ng a request for reexamination	
FILING FEE Large Entity Small Entity			920*	112	920*	Requesting Publication of SIR prior to Examiner Action		\$
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10 710 201 355 Utility filing fee	\$710	115	110	215	55	Extension for reply wi	thin first month	s
106-320 206 160 Design filling fee	s	116	390	216	195	Extension for reply wi	thin second month	s
107=490 207 245 Plant filing fee	s	117	890	217	445	Extension for reply within third month		s
108-2710 208 355 Reissue filing fee	\$	118	1,390	218	695	Extension for reply within fourth month		\$
114-150 214 75 Provisional filing fee	s	128	1,890	228	945	Extension for reply wi	thin fifth month	s
SUBTOTAL	(1) \$710	119	310	219	155	Notice of Appeal		s
2. EXTRA CLAIM FEES Extra Fee from Claims below	n Fee Paid	120	310	220	155	Filing a brief in suppo	rt of an appeal	\$
Total=Claims /36 / -20** = /16/ x /18	/ = \$288	121	270	221	135	Request for oral hearing	ng	\$
Independent Claims $\frac{1}{3} - \frac{3**}{9} = \frac{1}{9} \frac{1}{x} \frac{1}{80} \frac{1}{x}$	= \$0 '	138	1,510	138	1,510	Petition to institute a p	ublic use proceeding	\$
Multiple dependent // x // =	s s	140	110	240	55	Petition to revive - una	avoidable	\$
Large Entity Small Entity			1.240	241	620	Petition to revive - unintentional		\$
Fee Fee Fee Code (\$) Code (\$) Fee Description			1,240	242	620	10 advance copies Utility issue fee (or reissue)		\$ \$
103 18 203 9 Claims in excess of 20	<u>) </u>	143	440	243	220	Design issue fee		s
102 80 202 40 Independent claims in excess of 3			600	244	300	Plant issue fee		s
104 270 204 135 Multiple dependent claim if not paid			130	122	130	Petitions to the Commissioner		s
109 80 209 40 **Reissue independent claims over original patent			50	123	50	Petitions related to provisional applications		\$
110 18 210 9 **Reissue claims in excess of 20 and over original patent			240	126	240	Submission of Informa	tion Disclosure Statement	\$
SUBTOTAL	(2) \$288	581	40	581	40	Recording each patent number of properties)	assignment per property (times	\$
SIGNATURE: Mital Statise		146	710	246	355	Filing a submission aft	er final rejection(37 CFR 1.129(a))	\$
Michael F. Scalise Reg. No. 34,920			710	249	355	For each additional inv (37 CFR 1.129(b))	vention to be examined	s
DATE: May 2, 2001 Telephone: (716) 848-1258			*Reduced by basic filing fee paid SUBTOTAL (3)					

DATE: May 2, 2001 Telephone: (716) 848-1258 *Reduced by basic filing fee paid

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